



Docket No. 0575/55669-A-PCT-US/JPW/PJP/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Cy A. Stein et al.

Serial No. : 09/753,169 Examiner: J. L. Epps-Ford

Filed : January 2, 2001 Group Art Unit: 1635

For : OLIGONUCLEOTIDE OF INHIBITORS bcl-xL

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: October 18, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	3 -	* 20 =	*** 0 X	\$25	\$50	=	0
Independent Claims	2 -	** 3 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0			

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)

A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time

Other (identify):

THE TOTAL FEE DUE IS \$ 0 .

A check in the amount of \$ is enclosed.

Please charge Deposit Account No. in the amount of
\$.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

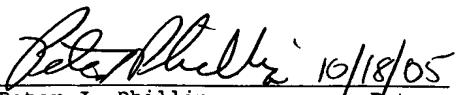
Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

 10/18/05

Peter J. Phillips	Date
Reg. No. 29,691	